

FEET TRANSMITTAL

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT **(\$)** 0

| Complete if Known | |
|----------------------|--------------------|
| Application Number | 09/774,768 |
| Filing Date | 01/31/2001 |
| First Named Inventor | Dror Segal |
| Examiner Name | Elizabeth H. Rosen |
| Art Unit | 3694 |
| Attorney Docket No. | 070388-0620 |

METHOD OF PAYMENT (check all that apply)

Check Credit card Money Order Other None

Deposit Account:

Deposit Account Number
Name

02-4377

Baker Botts L.L.P.

The Director is authorized to: (check all that apply)

Charge fee(s) indicated below Credit any overpayments
 Charge any additional fee(s) or any underpayment of fee(s)
 Charge fee(s) indicated below except for the filing fee
 to the above-identified deposit account.

FEE CALCULATION

Extra Claim Fees

| | Extra Claims | Fee | Fee Paid |
|--------------|----------------------|--------|----------|
| Total Claims | <input type="text"/> | x 60 = | \$0 |

| | | | |
|--------------------|----------------------|---------|-----|
| Independent Claims | <input type="text"/> | x 250 = | \$0 |
|--------------------|----------------------|---------|-----|

| | | | |
|--------------------|----------------------|---|-----|
| Multiple Dependent | <input type="text"/> | = | \$0 |
|--------------------|----------------------|---|-----|

SUBTOTAL \$0

Fee Description

| | Large Entity | Small Entity |
|------------------------|--------------|--------------|
| Claims in excess of 20 | 60 | 30 |

| | | |
|-----------------------------------|-----|-----|
| Independent claims in excess of 3 | 250 | 125 |
|-----------------------------------|-----|-----|

| | | |
|---------------------------------------|-----|-----|
| Multiple dependent claim, if not paid | 450 | 225 |
|---------------------------------------|-----|-----|

FEE CALCULATION (continued)

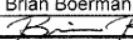
ADDITIONAL FEES

Surcharge - late oath or filing fee
 Non-English Specification
 Extension for reply within first month
 Extension for reply within second month
 Extension for reply within third month
 Extension for reply within fourth month
 Extension for reply within fifth month
 Notice of Appeal
 Filing a brief in support of an appeal
 Petition to revive - unavoidable
 Petition to revive - unintentional
 Utility Issue Fee
 Design Issue Fee
 Publication Fee
 Petitions to the Commissioner
 Request for Continued Examination (RCE)
 Information Disclosure Statement (IDS)

Other fee -

SUBTOTAL **(\$)** 0

(Complete if applicable)

| | | | | | |
|-------------------|---|--------------------------------------|--------|-----------|--------------|
| Name (Print/Type) | Brian Boerman | Registration No. (Attorney/Agent) | 66,678 | Telephone | 212-408-2554 |
| Signature |  | | | Date | 05/08/2012 |

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

This collection of information is required by 37 CFR 1.17 and 1.27. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.